FOR BHF USE

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2005
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2005)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0042093

Facility Name: The Renaissance at 87th Street

Address: 2940 West 87th Street (Number) | Chicago (City) | 60652 (Zip Code)

County: Cook

Telephone Number: (773) 434-8787 **Fax #** (773) 434-8717

HFS ID Number: 363945570001

Date of Initial License for Current Owners: 07/19/99

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steve Lavenda **Telephone Number:** (847) 236 - 1111

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/05 to 12/31/05 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) _____
(Title) _____

Paid Preparer
(Signed) _____ (Date)
(Print Name and Title) Kimberley A. Waite, C.P.A.
(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015
(Telephone) (847) 236-1111 Fax # (847) 236-1155

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	210	Skilled (SNF)	210	76,650	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	210	TOTALS	210	76,650	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	42,374	2,411	16,115	60,900	8
9	SNF/PED					9
10	ICF	11,952	680		12,632	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	54,326	3,091	16,115	73,532	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 95.93%

D. How many bed-hold days during this year were paid by the Department?
135 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 7/21/1999

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date New Construction NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 78 and days of care provided 11,551

Medicare Intermediary AdminaStar Federal

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [ ] NO [ ]

Tax Year: 12/31/05 Fiscal Year: 12/31/05

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Facility Name & ID Number The Renaissance at 87th Street # 0042093 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	349,045	98,374	8,385	455,804		455,804		455,804			1
2	Food Purchase		378,381		378,381	(31,518)	346,863	(227)	346,636			2
3	Housekeeping	254,951	50,654		305,605		305,605		305,605			3
4	Laundry	88,981	34,565		123,546		123,546		123,546			4
5	Heat and Other Utilities			176,012	176,012		176,012	(12,416)	163,596			5
6	Maintenance	59,186	23,215	113,238	195,639		195,639	3,822	199,461			6
7	Other (specify):*											7
8	**TOTAL General Services**	752,163	585,189	297,635	1,634,987	(31,518)	1,603,469	(8,821)	1,594,648			8
	B. Health Care and Programs											
9	Medical Director			48,000	48,000		48,000		48,000			9
10	Nursing and Medical Records	3,441,298	189,520	24,217	3,655,035		3,655,035	(52)	3,654,983			10
10a	Therapy	115,642		8,950	124,592		124,592		124,592			10a
11	Activities	240,315	18,255	2,248	260,818		260,818	(11,859)	248,959			11
12	Social Services	153,343		581	153,924		153,924		153,924			12
13	CNA Training			640	640		640		640			13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	3,950,598	207,775	84,636	4,243,009		4,243,009	(11,911)	4,231,098			16
	C. General Administration											
17	Administrative	288,099		634,402	922,501		922,501	(569,441)	353,060			17
18	Directors Fees											18
19	Professional Services			101,213	101,213	(4,605)	96,608	(26,946)	69,662			19
20	Dues, Fees, Subscriptions & Promotions			108,101	108,101		108,101	(72,263)	35,838			20
21	Clerical & General Office Expenses	355,662	48,455	380,025	784,142		784,142	(193,086)	591,056			21
22	Employee Benefits & Payroll Taxes			955,052	955,052	31,518	986,570	(35,110)	951,460			22
23	Inservice Training & Education											23
24	Travel and Seminar			10,507	10,507		10,507	(345)	10,162			24
25	Other Admin. Staff Transportation			9,785	9,785		9,785	375	10,160			25
26	Insurance-Prop.Liab.Malpractice			369,704	369,704		369,704	16,199	385,903			26
27	Other (specify):*							33,099	33,099			27
28	**TOTAL General Administration**	643,761	48,455	2,568,789	3,261,005	26,913	3,287,918	(847,518)	2,440,400			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	5,346,522	841,419	2,951,060	9,139,001	(4,605)	9,134,396	(868,250)	8,266,146			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number The Renaissance at 87th Street #0042093 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			96,047	96,047		96,047	225,361	321,408			30
31	Amortization of Pre-Op. & Org.			7,522	7,522		7,522	6,366	13,888			31
32	Interest			12,370	12,370		12,370	787,370	799,740			32
33	Real Estate Taxes					4,605	4,605	319,896	324,501			33
34	Rent-Facility & Grounds			1,394,453	1,394,453		1,394,453	(1,393,991)	462			34
35	Rent-Equipment & Vehicles			7,962	7,962		7,962	3,200	11,162			35
36	Other (specify):*							46,876	46,876			36
37	**TOTAL Ownership**			1,518,354	1,518,354	4,605	1,522,959	(4,922)	1,518,037			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	3,481	363,456	926,225	1,293,162		1,293,162		1,293,162			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			114,975	114,975		114,975		114,975			42
43	Other (specify):*	31,852		4,078	35,930		35,930	(35,930)				43
44	**TOTAL Special Cost Centers**	35,333	363,456	1,045,278	1,444,067		1,444,067	(35,930)	1,408,137			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	5,381,855	1,204,875	5,514,692	12,101,422		12,101,422	(909,102)	11,192,320			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(15,178)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(8,788)	30		9
10	Interest and Other Investment Income	(11,075)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(159)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(9,511)	21		18
19	Entertainment	(1,129)	24		19
20	Contributions	(21,899)	20		20
21	Owner or Key-Man Insurance	(33,110)	22		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(185,949)	21		24
25	Fund Raising, Advertising and Promotional	(49,338)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(246,807)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (582,943)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(326,159)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (326,159)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (909,102)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS **Page 5A**

The Renaissance at 87th Street

ID# **0042093**

Report Period Beginning: **01/01/05**

Ending: **12/31/05**

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Misc Income	$ (1,118)	21	1
2	Meal Income	(68)	02	2
3	Jury Duty Income	(52)	10	3
4	Bank Charges	(13,902)	21	4
5	Bldg-Co Accounting Fees	(11,968)	19	5
6	COPE Dues	(2,615)	20	6
7	Marketing Fees	(4,078)	43	7
8	Bldg-Co License Fees	(400)	20	8
9	Annual Report Fee	(429)	20	9
10	Patient Needs	(11,859)	11	10
11	Non-allowable Legal Fees	(29,546)	19	11
12	Bldg-Co Trust Fees	(1,600)	19	12
13	Marketing Salary	(19,901)	43	13
14	Non-Allowable Salary	(11,951)	43	14
15	Non-Allowable Salary	(11,903)	21	15
16	Non-Allowable Expenses	(3,247)	21	16
17	Non-Allowable Employee Benefits	(2,808)	22	17
18	Non-Allowable Nucare Employee Benefits	(170)	27	18
19	Non-Allowable Office	(120,000)	21	19
20				20
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99				99
100				100
101	**Total**	(246,807)		101

STATE OF ILLINOIS

Summary A

Facility Name & ID Number The Renaissance at 87th Street # 0042093 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
1	Dietary													1
2	Food Purchase	(227)											(227)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(15,178)				2,762							(12,416)	5
6	Maintenance					3,822							3,822	6
7	Other (specify):*													7
8	**TOTAL General Services**	(15,405)				6,584							(8,821)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(52)											(52)	10
10a	Therapy													10a
11	Activities	(11,859)											(11,859)	11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	**TOTAL Health Care and Programs**	(11,911)											(11,911)	16
	C. General Administration													
17	Administrative			(6,177)	(112,554)	(450,710)							(569,441)	17
18	Directors Fees													18
19	Professional Services	(43,114)	11,968	617	455	3,128							(26,946)	19
20	Fees, Subscriptions & Promotions	(74,681)	400	291		1,727							(72,263)	20
21	Clerical & General Office Expenses	(345,630)	1,600	2,005	874	148,065							(193,086)	21
22	Employee Benefits & Payroll Taxes	(35,110)											(35,110)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(1,129)		196		588							(345)	24
25	Other Admin. Staff Transportation					375							375	25
26	Insurance-Prop.Liab.Malpractice		10,965			5,234							16,199	26
27	Other (specify):*	(170)		4,381	823	28,065							33,099	27
28	**TOTAL General Administration**	(499,834)	24,933	1,313	(110,402)	(263,528)							(847,518)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(527,150)	24,933	1,313	(110,402)	(256,944)							(868,250)	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number **The Renaissance at 87th Street** **#** **0042093** **Report Period Beginning:** **01/01/05** **Ending:** **12/31/05**

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	**5 & 5A**	**6**	**6A**	**6B**	**6C**	**6D**	**6E**	**6F**	**6G**	**6H**	**6I**	**TOTALS (to Sch V, col.7)**	
30	Depreciation	**(8,788)**	**225,616**			**8,533**							**225,361**	**30**
31	Amortization of Pre-Op. & Org.		**6,366**										**6,366**	**31**
32	Interest	**(11,075)**	**797,277**			**1,168**							**787,370**	**32**
33	Real Estate Taxes		**317,576**			**2,320**							**319,896**	**33**
34	Rent-Facility & Grounds		**(1,394,453)**			**462**							**(1,393,991)**	**34**
35	Rent-Equipment & Vehicles					**3,200**							**3,200**	**35**
36	Other (specify):*		**46,876**										**46,876**	**36**
37	**TOTAL Ownership**	**(19,863)**	**(742)**			**15,683**							**(4,922)**	**37**
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													**38**
39	Ancillary Service Centers													**39**
40	Barber and Beauty Shops													**40**
41	Coffee and Gift Shops													**41**
42	Provider Participation Fee													**42**
43	Other (specify):*	**(35,930)**											**(35,930)**	**43**
44	**TOTAL Special Cost Centers**	**(35,930)**											**(35,930)**	**44**
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	**(582,943)**	**24,191**	**1,313**	**(110,402)**	**(241,261)**							**(909,102)**	**45**

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		
				Renaissance at Beverly LP		Bldg Partnership

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent	$ 1,394,453	Renaissance at Beverly LP	100.00%	$	$ (1,394,453)	1
2	V	32	Interest	2,147	Renaissance at Beverly LP	100.00%		(2,147)	2
3	V	36	MIP Expense		Renaissance at Beverly LP	100.00%	46,876	46,876	3
4	V	26	Insurance Expense		Renaissance at Beverly LP	100.00%	10,965	10,965	4
5	V	20	Fees		Renaissance at Beverly LP	100.00%	400	400	5
6	V	19	Accounting		Renaissance at Beverly LP	100.00%	11,968	11,968	6
7	V	21	Trust Fees		Renaissance at Beverly LP	100.00%	1,600	1,600	7
8	V	32	Interest		Renaissance at Beverly LP	100.00%	799,424	799,424	8
9	V	33	Real Estate Taxes		Renaissance at Beverly LP	100.00%	317,576	317,576	9
10	V	30	Depreciation		Renaissance at Beverly LP	100.00%	225,616	225,616	10
11	V	31	Amortization		Renaissance at Beverly LP	100.00%	6,366	6,366	11
12	V								12
13	V								13
14	Total			$ 1,396,600			$ 1,420,791	$ * 24,191	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
	Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		17	ADMINISTRATIVE	$	CAREPATH HEALTH NETWORK	100.00%	$ 21,647	$ 21,647	15
16	V		19	PROFESSIONAL FEES		CAREPATH HEALTH NETWORK		617	617	16
17	V		20	FEES, SUBSCRIPTIONS		CAREPATH HEALTH NETWORK		291	291	17
18	V		21	CLERICAL AND GENERAL		CAREPATH HEALTH NETWORK		2,005	2,005	18
19	V		24	SEMINARS		CAREPATH HEALTH NETWORK		196	196	19
20	V		27	GEN ADMIN.- EMP. BEN.		CAREPATH HEALTH NETWORK		4,381	4,381	20
21	V									21
22	V									22
23	V									23
24	V		17	MANAGEMENT FEES	27,824	CAREPATH HEALTH NETWORK			(27,824)	24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 27,824			$ 29,137	$ * 1,313	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
	Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	J. RAJCHENBACH-COMP.	$	JLR MANAGEMENT CORP.	100.00%	$ 7,446	$ 7,446	15
16	V	19	PROFESSIONAL FEES		JLR MANAGEMENT CORP.		455	455	16
17	V	21	OFFICE		JLR MANAGEMENT CORP.		874	874	17
18	V	27	PAYROLL TAXES		JLR MANAGEMENT CORP.		823	823	18
19	V								19
20	V	17	MANAGEMENT FEES	120,000	JLR MANAGEMENT CORP.			(120,000)	20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 120,000			$ 9,598	$ * (110,402)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	UTILITIES	$	NUCARE SERVICES CORP.	100.00%	$ 2,762	$ 2,762	15
16	V	6	REPAIRS AND MAINT.		NUCARE SERVICES CORP.		3,822	3,822	16
17	V	17	ADMINISTRATIVE - NON-OWNER		NUCARE SERVICES CORP.		20,307	20,307	17
18	V	19	PROFESSIONAL FEES		NUCARE SERVICES CORP.		3,128	3,128	18
19	V	20	FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.		1,727	1,727	19
20	V	21	CLERICAL & GENERAL		NUCARE SERVICES CORP.		148,065	148,065	20
21	V	24	SEMINARS AND EDUCATION		NUCARE SERVICES CORP.		588	588	21
22	V	25	ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.		375	375	22
23	V	26	INSURANCE		NUCARE SERVICES CORP.		5,234	5,234	23
24	V	27	EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.		25,853	25,853	24
25	V	30	DEPRECIATION		NUCARE SERVICES CORP.		8,533	8,533	25
26	V	32	INTEREST EXPENSE		NUCARE SERVICES CORP.		1,168	1,168	26
27	V	33	REAL ESTATE TAX		NUCARE SERVICES CORP.		2,320	2,320	27
28	V	34	BUILDING RENT		NUCARE SERVICES CORP.		462	462	28
29	V	35	EQUIPMENT RENTAL		NUCARE SERVICES CORP.		3,200	3,200	29
30	V	17	ADMIN. - R. HARTMAN		NUCARE SERVICES CORP.		4,238	4,238	30
31	V	17	ADMIN. - B. CARR		NUCARE SERVICES CORP.		11,323	11,323	31
32	V	17	ADMIN. - D. HARTMAN		NUCARE SERVICES CORP.				32
33	V	27	EMP. BEN. - R. HARTMAN		NUCARE SERVICES CORP.		1,442	1,442	33
34	V	27	EMP. BEN. - B. CARR		NUCARE SERVICES CORP.		770	770	34
35	V	27	EMP. BEN. - D. HARTMAN		NUCARE SERVICES CORP.				35
36	V								36
37	V	17	MANAGEMENT FEE	486,578	NUCARE SERVICES CORP.			(486,578)	37
38	V								38
39	Total			$ 486,578			$ 245,317	$ * (241,261)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Workers Compensation	$ 83,299	Diamond Insurance	40.00%	$ 83,299	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 83,299			$ 83,299	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Robert Hartman	Owner	Administrative	20.05%	See Attached	1.70	3.40%	Allocated	$ 4,238	17-7	1
2	Jack Rajchenbach	Owner	Administrative	25.00%	See Attached	5.00	7.69%	Allocated	7,445	17-7	2
3	Bernard Hollander	Owner	Administrative	25.00%	See Attached	2.00	3.08%	Allocated			3
4	Mark Berger	Relative	Administrative	0.00%	See Attached	-	0.00%	Salary	29,429	17-1	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 41,112		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: CAREPATH HEALTH NETWORK
Street Address: 6633 N LINCOLN AVENUE
City / State / Zip Code: LINCOLNWOOD, IL 60712
Phone Number: (888) 707-6700
Fax Number: (847) 679-2150

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	ADMINISTRATIVE	CARE PATH FEES	305,641	9	$ 253,650	$ 253,650	26,084	$ 21,647	1
2	19	PROFESSIONAL FEES	CARE PATH FEES	305,641	9	7,234		26,084	617	2
3	20	FEES, SUBSCRIPTIONS	CARE PATH FEES	305,641	9	3,415		26,084	291	3
4	21	CLERICAL AND GENERAL	CARE PATH FEES	305,641	9	23,496		26,084	2,005	4
5	24	SEMINARS	CARE PATH FEES	305,641	9	2,300		26,084	196	5
6	27	GEN ADMIN.- EMP. BEN.	CARE PATH FEES	305,641	9	51,334		26,084	4,381	6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 341,429	$ 253,650		$ 29,137	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: JLR MANAGEMENT CORP.
Street Address: 6633 NORTH LINCOLN
City / State / Zip Code: LINCOLNWOOD, IL. 60712
Phone Number: (847) 679-9141
Fax Number: (847) 679-1820

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	55	10	$ 81,900	$ 81,900	5	$ 7,446	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	55	10	5,000		5	455	2
3	21	OFFICE	AVG. HOURS WORKED	55	10	9,614	9,614	5	874	3
4	27	PAYROLL TAXES	AVG. HOURS WORKED	55	10	9,055		5	823	4
5										5
6										6
7	17	MARVIN NEEDLE-CONS. FEES	AVG. HOURS WORKED	40	1	36,296				7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 141,865	$ 91,514		$ 9,598	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: NUCARE SERVICES CORP.
Street Address: 7257 N. LINCOLN AVENUE
City / State / Zip Code: LINCOLNWOOD, IL 60712
Phone Number: (847) 933-2600
Fax Number: (847) 933-2601

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. CENSUS DAYS	904,250	11	$ 32,587	$	76,650	$ 2,762	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	904,250	11	45,083		76,650	3,822	2
3	17	ADMINISTRATIVE - NON-OWN	AVAIL. CENSUS DAYS	904,250	11	239,568	232,849	76,650	20,307	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	904,250	11	36,902		76,650	3,128	4
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	904,250	11	20,379		76,650	1,727	5
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	904,250	11	1,746,738	1,454,049	76,650	148,065	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	904,250	11	6,935		76,650	588	7
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	904,250	11	4,428		76,650	375	8
9	26	INSURANCE	AVAIL. CENSUS DAYS	904,250	11	61,742		76,650	5,234	9
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	904,250	11	304,996		76,650	25,853	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS	904,250	11	100,669		76,650	8,533	11
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	904,250	11	13,784		76,650	1,168	12
13	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	904,250	11	27,371		76,650	2,320	13
14	34	BUILDING RENT	AVAIL. CENSUS DAYS	904,250	11	5,450		76,650	462	14
15	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	904,250	11	37,756		76,650	3,200	15
16	17	ADMIN. - R. HARTMAN	AVG. HOURS WORKED	20	11	50,000	50,000	2	4,238	16
17	17	ADMIN. - B. CARR	AVG. HOURS WORKED	50	11	133,580	133,580	4	11,323	17
18	17	ADMIN. - D. HARTMAN	AVG. HOURS WORKED	40	2	4,069	4,069			18
19	27	EMP. BEN. - R. HARTMAN	AVG. HOURS WORKED	20	11	17,006		2	1,442	19
20	27	EMP. BEN. - B. CARR	AVG. HOURS WORKED	50	11	9,079		4	770	20
21	27	EMP. BEN. - D. HARTMAN	AVG. HOURS WORKED	40	2	4,925				21
22										22
23										23
24										24
25	TOTALS					$ 2,903,047	$ 1,874,548		$ 245,317	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Diamond Insurance
Street Address: 40 Skokie Blvd, Suite 105
City / State / Zip Code: Northbrook, IL 60062
Phone Number: (847)-559-1002
Fax Number: ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	22	Workers Compensation	Direct Allocation			$	$		$ 83,299	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$ 83,299	25

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Mortgage		X	Building Mortgage			$	$ 9,352,082			$ 726,621	1
2	Ren@87th Bldg		X								72,803	2
3												3
4												4
5	See Supplemental Schedule											5
	Working Capital											
6	Hillside Limited		X								1,347	6
7	Sun Joint Venture		X								674	7
8	See Supplemental Schedule										11,517	8
9	TOTAL Facility Related						$	$ 9,352,082			$ 812,962	9
	B. Non-Facility Related*											
10	Alloc - Bldg Co										(2,147)	10
11												11
12												12
13	See Supplemental Schedule										(11,075)	13
14	TOTAL Non-Facility Related						$	$			$ (13,222)	14
15	TOTALS (line 9+line14)						$	$ 9,352,082			$ 799,740	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 46,876 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
6												6
7	TOTAL Long-Term											7
	Working Capital											
8	Shareholder Loan		X				$	$			$ 10,349	8
9	Allocated from Nucare										1,168	9
10												10
11												11
12												12
13												13
14	TOTAL Working Capital										11,517	14
	B. Non-Facility Related*											
15	Interest Income		X				$	$			$ (11,075)	15
16												16
17												17
18												18
19												19
20	TOTAL Non-Facility Related										(11,075)	20

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number The Renaissance at 87th Street # 0042093 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2004 report.	$ 318,931	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$ 312,811	2
3. Under or (over) accrual (line 2 minus line 1).	$ (6,120)	3
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)	$ 326,016	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$ 4,605	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$ 324,501	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2000	329,699	8
	2001	338,274	9
	2002	342,067	10
	2003	303,744	11
	2004	310,491	12

Accrual = tax x 1.05

Accrual = 310491 x 1.05

Allocated from Nucare = 1,949

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2004	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME The Renaissance at 87th Street COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042093

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847)236-1111 FAX #: (847)236-1155

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	19-36-322-011-0000	Long Term Care Property	$ 43,322.71	$ 43,322.71
2.	19-36-322-012-0000	Long Term Care Property	$ 54,702.44	$ 54,702.44
3.	19-36-322-013-0000	Long Term Care Property	$ 84,068.41	$ 84,068.41
4.	19-36-322-014-0000	Long Term Care Property	$ 60,575.75	$ 60,575.75
5.	19-36-322-015-0000	Long Term Care Property	$ 54,702.44	$ 54,702.44
6.	19-36-322-016-0000	Long Term Care Property	$ 8,220.52	$ 8,220.52
7.	19-36-322-017-0000	Long Term Care Property	$ 2,574.61	$ 2,574.61
8.	19-36-322-018-0000	Long Term Care Property	$ 2,324.10	$ 2,324.10
9.	Home Office	(See Attahced)	$ 22,998.06	$ 1,949.46
10.			$	$
		TOTALS	$ 333,489.04	$ 312,440.44

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME The Renaissance at 87th Street COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042093

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847)236-1111 FAX #: (847)236-1155

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2005.

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 66,911 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [ ] NO
If so, please complete the following:

1. Total Amount Incurred: 263,860 2. Number of Years Over Which it is Being Amortized: 40 years

3. Current Period Amortization: 13,888 4. Dates Incurred: 7/99

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility	51,162	1994	$ 143,613	1
2	7257 n lincoln		2004	6,602	2
3	TOTALS	51,162		$ 150,215	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			1999	89,068		20	4,438	4,438	28,467	9
10	Various			2000	45,130		20	1,173	1,173	6,444	10
11	Various			2001	42,797		20	2,140	2,140	9,372	11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67	Related Building Company (Pages 12-BLDG & 12A-BLDG)		8,732,512	225,616		223,306	(2,310)	1,482,982	67
68	Related Party Allocations (Pages 12-REP & 12A-REP)		88,365	3,961		2,980	(981)	5,689	68
69	Financial Statement Depreciation			32,846			(32,846)		69
70	TOTAL (lines 4 thru 69)		$ 8,997,872	$ 262,423		$ 234,037	$ (28,386)	$ 1,532,954	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 8,997,872	$ 262,423		$ 234,037	$ (28,386)	$ 1,532,954	1
2	Oak Wood Doors	2002	1,384		20	69	69	265	2
3	Window Shades	2002	2,951		20	295	295	1,131	3
4	Exit Signs	2002	1,889		20	189	189	677	4
5	Oak Wood Doors	2002	799		20	40	40	146	5
6	Electrical Rework	2002	600		20	30	30	118	6
7	Walk-In Freezer Repair	2002	959		20	48	48	180	7
8	Patio Canopy	2002	300		20	30	30	113	8
9	Window Treatments	2002	643		20	32	32	118	9
10	Paint	2002	829		20	41	41	149	10
11	Walk-In Freezer Repair	2002	1,660		20	83	83	277	11
12	Doors	2003	1,169		20	117	117	331	12
13	Lighting	2003	1,654		20	165	165	441	13
14	Cooper Water Line	2003	648		20	65	65	151	14
15	Doors	2003	651		20	65	65	146	15
16	Wanderguard System	2003	1,990		20	100	100	274	16
17	Wanderguard System	2003	4,486		20	224	224	598	17
18	Wanderguard System	2003	2,033		20	102	102	229	18
19	Fire Alarm Key Pads	2003	968		20	48	48	105	19
20	Fire Alarm Pull Station	2003	2,159		20	108	108	315	20
21	Condenser Fan Motors	2003	1,745		20	87	87	204	21
22	Chiller Repair	2003	905		20	45	45	113	22
23	Painting & Decorating	2003	1,604		20	80	80	201	23
24	Senior Tech	2004	2,033		20	203	203	407	24
25	Rescor	2004	836		20	84	84	167	25
26	Nursing Station	2004	2,940		20	294	294	539	26
27	Hopper	2004	2,478		20	248	248	496	27
28	Clear Glass For Rooms	2004	1,125		20	113	113	188	28
29	Alarm System Basement	2004	728		20	73	73	121	29
30	Outlets	2004	777		20	78	78	142	30
31	American Backflow	2004	1,085		20	109	109	172	31
32	Carpeting	2004	923		20	132	132	198	32
33	Kitchen Cabinets	2004	3,000		20	200	200	300	33
34	TOTAL (lines 1 thru 33)		$ 9,045,823	$ 262,423		$ 237,634	$ (24,789)	$ 1,541,966	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 9,045,823	$ 262,423		$ 237,634	$ (24,789)	$ 1,541,966	1
2	Electrical Outlets	2004	2,043		20	204	204	306	2
3	Plumbing	2004	5,100		20	510	510	680	3
4	Kithchen Cabinets Installation	2004	660		20	44	44	66	4
5	Carpeting	2004	2,093		20	299	299	399	5
6	Wanderguards	2004	1,378		20	138	138	241	6
7	Wanderguard System	2004	4,839		20	484	484	847	7
8	Heater	2005	1,500		20	50	50	50	8
9	Paint Walls	2005	3,200		20	3,200	3,200	3,200	9
10	Wall Outlets	2005	1,393		20	139	139	139	10
11	Sprinkler	2005	550		20	79	79	79	11
12	Plaster Walls	2005	5,200		20	4,333	4,333	4,333	12
13	Boiler Pump	2005	1,241		20	103	103	103	13
14	Chair Rail Dining Room	2005	2,140		20	161	161	161	14
15	Electrical Improvements	2005	2,172		20	163	163	163	15
16	Erect Wall	2005	1,500		20	100	100	100	16
17	Plaster Wall	2005	3,200		20	213	213	213	17
18	Reglaze Glass	2005	800		20	53	53	53	18
19	Bathroom Vanity	2005	2,600		20	152	152	152	19
20	Antenna Improvement	2005	454		20	26	26	26	20
21	Single Patient Station	2005	990		20	66	66	66	21
22	Wallpaper	2005	4,800		20	2,400	2,400	2,400	22
23	Wall Covering	2005	947		20	474	474	474	23
24	Install Safety Glass	2005	1,375		20	69	69	69	24
25	Security System	2005	4,220		20	251	251	251	25
26	Draperies	2005	497		20	21	21	21	26
27	Painting Walls	2005	1,400		20	350	350	350	27
28	Painting Walls	2005	3,800		20	950	950	950	28
29	Draperies	2005	718		20	18	18	18	29
30	Electrical Improvement	2005	1,169		20	39	39	39	30
31	Electrical Improvement	2005	1,800		20	45	45	45	31
32	Cabinets & Countertops	2005	3,800		20	127	127	127	32
33	Security Locks	2005	2,444		20	175	175	175	33
34	TOTAL (lines 1 thru 33)		$ 9,115,846	$ 262,423		$ 253,070	$ (9,353)	$ 1,558,262	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 9,115,846	$ 262,423		$ 253,070	$ (9,353)	$ 1,558,262	1
2	Pave Garbage Area	2005	4,200		20	175	175	175	2
3	3 Insulated Glass Units	2005	1,200		20	40	40	40	3
4	Security Camera System	2005	3,212		20	76	76	76	4
5	Built & Install Cabinets	2005	2,990		20	37	37	37	5
6	Built & Install Countertop	2005	500		20	4	4	4	6
7	Install Vinyl Wood Plank	2005	4,655		20	39	39	39	7
8	Apply Faux Finish In Bathrooms	2005	2,600		20	22	22	22	8
9	Replace Bathroom Floors	2005	4,960		20	248	248	248	9
10	Install Locks On Cabinets	2005	2,788		20	116	116	116	10
11	Install Bricks And Edging	2005	3,700		20	185	185	185	11
12	Install 2 Insulated Glass Units	2005	800		20	20	20	20	12
13	Remove Wall & Built Post	2005	925		20	23	23	23	13
14	Chair Railing In Dining Room	2005	1,200		20	60	60	60	14
15	Cabiniets & Countertops	2005	2,000		20	67	67	67	15
16	Draperies	2005	497		20	17	17	17	16
17	Fence	2005	1,450		20	73	73	73	17
18	Cooler Compressor	2005	2,008		20	100	100	100	18
19	Chiller, Oil Pump	2005	2,278		20	114	114	114	19
20	Roof	2005	642		20	27	27	27	20
21	Roof	2005	1,498		20	62	62	62	21
22	Parts For Exhaust Fan	2005	1,079		20	45	45	45	22
23	Chiller	2005	1,341		20	56	56	56	23
24	Chiller	2005	3,013		20	75	75	75	24
25	Kitchen Drain And Water Lines	2005	1,650		20	41	41	41	25
26	Smoke Detector	2005	775		20	45	45	45	26
27	15 Doors	2005	2,394		20	60	60	60	27
28	Hopper Door	2005	1,329		20	66	66	66	28
29	Electrical Network Line	2005	581		20	10	10	10	29
30	Plumbing	2005	3,600		20	30	30	30	30
31	Kitchen Electrical Work	2005	3,200		20	27	27	27	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,178,911	$ 262,423		$ 255,030	$ (7,393)	$ 1,560,222	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 9,178,911	$ 262,423		$ 255,030	$ (7,393)	$ 1,560,222	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,178,911	$ 262,423		$ 255,030	$ (7,393)	$ 1,560,222	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		$ 9,178,911	$ 262,423		$ 255,030	$ (7,393)	$ 1,560,222	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,178,911	$ 262,423		$ 255,030	$ (7,393)	$ 1,560,222	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		$ 9,178,911	$ 262,423		$ 255,030	$ (7,393)	$ 1,560,222	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,178,911	$ 262,423		$ 255,030	$ (7,393)	$ 1,560,222	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		$ 9,178,911	$ 262,423		$ 255,030	$ (7,393)	$ 1,560,222	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,178,911	$ 262,423		$ 255,030	$ (7,393)	$ 1,560,222	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		$ 9,178,911	$ 262,423		$ 255,030	$ (7,393)	$ 1,560,222	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,178,911	$ 262,423		$ 255,030	$ (7,393)	$ 1,560,222	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		$ 9,178,911	$ 262,423		$ 255,030	$ (7,393)	$ 1,560,222	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,178,911	$ 262,423		$ 255,030	$ (7,393)	$ 1,560,222	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12J, Carried Forward		$ 9,178,911	$ 262,423		$ 255,030	$ (7,393)	$ 1,560,222	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,178,911	$ 262,423		$ 255,030	$ (7,393)	$ 1,560,222	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	210			1999	$ 8,932,245	$ 225,616		$ 223,306	$ (2,310)	$ 1,482,982	4
5				1999	4,436						5
6				1999	(204,169)						6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
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28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
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61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 8,732,512	$ 225,616		$ 223,306	$ (2,310)	$ 1,482,982	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4			2004	2004	$ 59,421	$ 1,524	35	$ 1,698	$ 174	$ 3,608	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Allocated from Nucare			2003	993	50	20	50		105	9
10	Allocated from Nucare			2004	20,158	1,008	20	1,008		1,722	10
11	Allocated from Nucare			2005	1,195	333	20	30	(303)	30	11
12											12
13	Allocated from 7257 N. Lincoln			2004	1,181	668	20	59	(609)	89	13
14	Allocated from 7257 N. Lincoln			2005	5,417	378	20	135	(243)	135	14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
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28											28
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30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
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62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 88,365	$ 3,961		$ 2,980	$ (981)	$ 5,689	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 397,371	$ 18,385	$ 51,115	$ 32,730	10	$ 186,016	71
72	Current Year Purchases	85,358	49,389	15,264	(34,125)	10	15,264	72
73	Fully Depreciated Assets	980,079				10	980,079	73
74								74
75	TOTALS	$ 1,462,808	$ 67,774	$ 66,379	$ (1,395)		$ 1,181,359	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				$	$	$	$		$	76
77										77
78										78
79										79
80	TOTALS			$	$	$	$		$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 10,791,934	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 330,197	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 321,409	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (8,788)	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 2,741,581	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6	Allocated from Nucare				462			6
7	TOTAL				$ 462 **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2006	$
13.	/2007	$
14.	/2008	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO

16. Rental Amount for movable equipment: $ 11,162 Description: See Attached Schedule
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [X] YES
   - [ ] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [X]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$ 640	$	$ 640
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	$	$ 640	$	$ 640
10	SUM OF line 9, col. 1 and 2 (e)	$ 640			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	1
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	1

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	$		$ 407,901	$ 12		$ 407,913	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			109,917			109,917	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			403,527			403,527	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescrpts				308,027		308,027	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Supplemental			3,481		4,880	55,417		63,778	13
14	TOTAL			$ 3,481		$ 926,225	$ 363,456		$ 1,293,162	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street **#** 0042093 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/05 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 1,500	$ 84,325	1
2	Cash-Patient Deposits	1,867	1,867	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,653,446	2,653,446	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	118,487	156,369	6
7	Other Prepaid Expenses	26,246	26,246	7
8	Accounts Receivable (owners or related parties)	66,914	66,914	8
9	Other(specify): See Attached Schedule	117,185	340,435	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,985,645	$ 3,329,602	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		143,613	13
14	Buildings, at Historical Cost		8,761,754	14
15	Leasehold Improvements, at Historical Cost	296,813	296,813	15
16	Equipment, at Historical Cost	465,513	1,433,926	16
17	Accumulated Depreciation (book methods)	(365,031)	(2,803,220)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		9,211	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(9,211)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached Schedule	876,373	1,658,602	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,273,668	$ 9,491,488	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 4,259,313	$ 12,821,090	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,094,847	$ 1,918,667	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	3,404	3,404	28
29	Short-Term Notes Payable		55,024	29
30	Accrued Salaries Payable	244,978	244,978	30
31	Accrued Taxes Payable (excluding real estate taxes)	56,096	56,096	31
32	Accrued Real Estate Taxes(Sch.IX-B)		326,016	32
33	Accrued Interest Payable		133,203	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule	690,512	690,512	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 2,089,837	$ 3,427,900	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		9,297,058	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached Schedule		(21,524)	43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 9,275,534	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 2,089,837	$ 12,703,434	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,169,476	$ 117,656	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 4,259,313	$ 12,821,090	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Facility Name & ID Number The Renaissance at 87th Street **#** 0042093 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,064,142	1
2	Restatements (describe):		2
3	See Attached	(176,354)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 887,788	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,281,688	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 1,281,688	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 2,169,476	24 *

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 11,106,120	1
2	Discounts and Allowances for all Levels	(819,129)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 10,286,991	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,297,407	6
7	Oxygen	1,571	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 2,298,978	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	636,894	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	40,356	19
20	Radiology and X-Ray	13,548	20
21	Other Medical Services	94,030	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 784,828	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	11,075	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 11,075	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	1,238	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,238	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 13,383,110	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,634,987	31
32	Health Care	4,243,009	32
33	General Administration	3,261,005	33
	B. Capital Expense		
34	Ownership	1,518,354	34
	C. Ancillary Expense		
35	Special Cost Centers	1,329,092	35
36	Provider Participation Fee	114,975	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 12,101,422	40
41	**Income before Income Taxes (line 30 minus line 40)****	1,281,688	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 1,281,688	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return?** Not Complete **If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.** SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,712	1,926	$ 92,150	$ 47.85	1
2	Assistant Director of Nursing	1,646	1,811	67,219	37.12	2
3	Registered Nurses	18,562	20,367	644,895	31.66	3
4	Licensed Practical Nurses	45,685	49,663	1,099,118	22.13	4
5	CNAs & Orderlies	124,373	133,323	1,491,957	11.19	5
6	CNA Trainees					6
7	Licensed Therapist	150	150	3,481	23.21	7
8	Rehab/Therapy Aides	12,849	12,849	115,642	9.00	8
9	Activity Director	4,466	4,820	71,429	14.82	9
10	Activity Assistants	15,472	17,366	168,886	9.73	10
11	Social Service Workers			153,343		11
12	Dietician	5,383	5,873	94,436	16.08	12
13	Food Service Supervisor					13
14	Head Cook	7,325	7,912	78,480	9.92	14
15	Cook Helpers/Assistants	20,951	22,504	176,129	7.83	15
16	Dishwashers					16
17	Maintenance Workers	3,695	4,085	59,186	14.49	17
18	Housekeepers	26,189	28,050	254,951	9.09	18
19	Laundry	10,162	10,892	88,981	8.17	19
20	Administrator	1,952	2,086	122,595	58.77	20
21	Assistant Administrator	1,797	2,014	58,674	29.13	21
22	Other Administrative	2,124	2,124	106,830	50.30	22
23	Office Manager					23
24	Clerical	32,019	35,145	355,662	10.12	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,611	1,896	45,959	24.24	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	683	683	31,852	46.64	33
34	TOTAL (lines 1 - 33)	338,806	365,539	$ 5,381,855 *	$ 14.72	34

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	$ 8,385	01-03	35
36	Medical Director	Monthly	48,000	09-03	36
37	Medical Records Consultant	Monthly	1,440	10-03	37
38	Nurse Consultant	Monthly	12,481	10-03	38
39	Pharmacist Consultant	83	4,140	10-03	39
40	Physical Therapy Consultant	16	779	10a-03	40
41	Occupational Therapy Consultant	137	6,857	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	24	1,314	10a-03	43
44	Activity Consultant	42	2,248	11-03	44
45	Social Service Consultant	12	581	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	313	$ 86,225		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses	184	6,156	10-03	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	184	$ 6,156		53

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Thomas Smith	Administrator	0	$ 122,595
Donna Oddson	Asst Admin	0	58,674
Mark Berger	Exec Administrator	0	29,429
Kathleen Brander	Dir of Reg Mgmt	0	12,134
Marilyn Flaherty	VP of Reimbursement	0	14,097
Jennifer Bebinger	Alz Unit Director	0	12,735
See Supplemental Schedule			38,435
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 288,099

B. Administrative - Other

Description	Amount
Nucare Services Corp - Management Fees	$ 486,578
Carepath - Network Fees	27,824
JLR Management - Management Fees	120,000
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 634,402

C. Professional Services

Vendor/Payee	Type	Amount
Proclaim	DMERC Billing Service	$ 10,548
CDW	Computer Services	1,555
Personnel Planners	Unemployment Tax Cons	2,958
Real Estate Analysis Corp	Real Estate Tax Appraisal	3,150
Giftrap	Computer Services	402
Emdeon	Business Consulting	5,222
HDSI	Data Processing	8,670
PSD	Computer Services	7,781
FR&R	Accounting	23,507
See Supplemetal Schedule		37,419
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $2500 attach copy of invoices.)		$ 101,212

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 83,299
Unemployment Compensation Insurance	128,324
FICA Taxes	405,126
Employee Health Insurance	255,867
Employee Meals	31,518
Illinois Municipal Retirement Fund (IMRF)*	
Chicago Head Tax	6,820
Dental Insurance	3,914
Employee Benefits	36,592
TOTAL (agree to Schedule V, line 22, col.8)	$ 951,460

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 3,100
Advertising: Employee Recruitment	13,070
Health Care Worker Background Check	2,664
(Indicate # of checks performed 248)	
Dues - ICLTC	8,432
Dues and Subscriptions	3,184
Licenses and Fees	3,370
Alocated from Nucare	1,727
Alloc - Carepath	291
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 35,838

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	9,377
Alloc - Carepath	196
Alloc - Nucare	588
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 10,161

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1	N/A		$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **Yes**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **ICLTC - $8342**

(3) Did the nursing home make political contributions or payments to a political action organization? **Yes** If YES, have these costs been properly adjusted out of the cost report? **Yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10 years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **51,467** Line **10-2**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **114,975**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **31,518** Has any meal income been offset against related costs? **No** Indicate the amount. $

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **100% ln 14**
d. Have vehicle usage logs been maintained? **N/A**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? **No**
Firm Name: The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? If no, please explain.

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.